



Employment Application

POSITION

NAME OF POSITION		REFERENCE NUMBER	
DEPARTMENT		CURRENT TOTAL COST TO COMPANY	

BIOGRAPHICAL INFORMATION

TITLE		SURNAME		FULL NAMES				
RACE* (Tick)	Black <input type="checkbox"/>	White <input type="checkbox"/>	Colored <input type="checkbox"/>	Asian <input type="checkbox"/>	GENDER M <input type="checkbox"/> F <input type="checkbox"/>	MARITAL STATUS	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ID/PASSPORT NUMBER				DATE OF BIRTH		NATIONALITY		
DRIVER'S LICENCE CODE:		YES <input type="checkbox"/>	NO <input type="checkbox"/>	WORK PERMIT NO:		TAX NR:		
DO YOU HAVE A DISABILITY? IF YES PLEASE STATE ON THE RIGHT		YES <input type="checkbox"/>	NO <input type="checkbox"/>					
DO YOU KNOW ANYONE WITHIN THE INSTITUTION? IF YES PLEASE STATE THE RELATIONSHIP		YES <input type="checkbox"/>	NO <input type="checkbox"/>					
HOME NUMBER		CELL NUMBER		ALTERNATIVE NUMBER				
EMAIL ADDRESS				WORK NUMBER				
PHYSICAL ADDRESS								
POSTAL ADDRESS				POSTAL CODE				
NEXT OF KIN	RELATIONSHIP							
TITLE		SURNAME		FULL NAMES				
DEPENDENTS NAME		SURNAME		RELATIONSHIP		DATE OF BIRTH		

* Information required for biographical and statistical reporting purposes

LANGUAGE PROFICIENCY (state – good, fair or poor)

	SPECIFY LANGUAGES - state 'good', 'fair' or 'poor'				
	English	Afrikaans	Other :	Other :	other
SPEAK					
READ					
WRITE					

QUALIFICATIONS

NAME OF SCHOOL/TECHNICAL COLLEGE	HIGHEST GRADE PASSED	YEAR OBTAINED

TERTIARY EDUCATION		
NAME OF INSTITUTION	QUALIFICATION OBTAINED <i>(start with current/most recent)</i>	YEAR OBTAINED

WORK HISTORY

EMPLOYER <i>(start with current)</i>	POSITION HELD	FROM		TO		REASON FOR LEAVING
		MM	YY	MM	YY	

REFERENCES

EMPLOYER	REFEREE <i>(someone you reported into)</i>	POSITION OF REFEREE	CONTACT NUMBER <i>(preferably landline or e-mail address)</i>

DECLARATION

I declare that all the information provided (including any attachments and CV) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified or my dismissal if I am appointed. I hereby acknowledge that all information within this application remains the property of Tshwane University of Technology. I accept that the information can be verified.

APPLICANT NAME _____ SIGNATURE _____ DATE _____

OFFICE USE

HRBP	HR MANAGER	HR ADMINISTRATORS	SYSTEMS MANAGER	REGISTRY
Name: _____	Name: _____	Name: _____	Name: _____	Name: _____
Signature: _____	Signature: _____	Signature: _____	Signature: _____	Signature: _____
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Stamp: _____	Stamp: _____	Stamp: _____	Stamp: _____	Stamp: _____